



**ALAMEDA RECREATION AND PARK DEPARTMENT**  
**2226 Santa Clara Avenue, Alameda - (510) 747-7529**  
**2013 SUMMER TINY TOT CAMP REGISTRATION FORM**  
(Please write clearly)

CHILD'S NAME \_\_\_\_\_ ☐ BOY ☐ GIRL  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE (\_\_\_\_) \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_ YRS \_\_\_\_ MOS. STAFF VERIF. \_\_\_\_\_  
ALLERGIES, MEDICAL PROBLEMS, MEDICATIONS, DIETARY RESTRICTIONS \_\_\_\_\_

1. PARENT/GUARDIAN'S NAME \_\_\_\_\_ ☐ MALE ☐ FEMALE  
ADDRESS (if different from above) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ CELL/WORK PHONE (\_\_\_\_) \_\_\_\_\_

2. PARENT/GUARDIAN'S NAME \_\_\_\_\_ ☐ MALE ☐ FEMALE  
ADDRESS (if different from above) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ CELL/WORK PHONE (\_\_\_\_) \_\_\_\_\_

IN CASE OF AN EMERGENCY AND PARENTS/GUARDIANS CANNOT BE REACHED, CONTACT: (Parent/Guardian is responsible to provide current phone numbers)  
NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_  
HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL/WORK PHONE (\_\_\_\_) \_\_\_\_\_

**TAOPOLE CAMP**

9:00 AM TO 12:00 NOON  
AGES 3 TO 5 YEARS (PRE-K)



\_\_\_\_\_ #12110..... Sess 1 .... June 17-21 ..... \$160  
\_\_\_\_\_ #12111..... Sess 2 .... June 24-28 ..... \$160  
\_\_\_\_\_ #12112..... Sess 3 .... July 1-5 \*NO CAMP JULY 4TH\* ... \$130  
\_\_\_\_\_ #12113..... Sess 4 .... July 8-12 ..... \$160

**Drop Off:** ..... Monday to Thursday ..... Woodstock Park  
**Pick Up:** ..... Monday to Thursday ..... Encinal Swim Center  
**Drop Off and Pick Up For Friday:** ..... Woodstock Park  
**NO BAG LUNCH NECESSARY; SNACK & DRINK PROVIDED**

**JUMPING FROG SPORTS CAMP**

9:00 AM TO 12:00 NOON  
AGES 3 TO 5 YEARS (PRE-K)

\_\_\_\_\_ #12109 ..... Sess 1 ..... July 15-19 ..... \$85

**Drop Off and Pick Up:**

Woodstock Park  
**NO BAG LUNCH NECESSARY**  
**SNACK & DRINK PROVIDED**



**TINY TOT TENNIS CAMP & MORE**

9:00 AM TO 12:00 NOON  
AGES 3 TO 5 YEARS (PRE-K)

\_\_\_\_\_ #12114..... Sess 1 .... July 22-26 ..... \$130

**Drop Off and Pick Up: Woodstock Park**  
**Be sure to wear tennis shoes**  
**NO BAG LUNCH NECESSARY; SNACK & DRINK PROVIDED**



**TENDERFOOT CAMP**

9:30 AM TO 12:30 PM  
AGES 4 TO 5 YEARS (PRE-K)

\_\_\_\_\_ #12115..... Sess 1 .... July 29-Aug 2 ..... \$85

\_\_\_\_\_ #12116..... Sess 2 .... August 5-9 ..... \$85

**Drop Off and Pick Up: Washington Park**

**MEET AT LOWER PARKING LOT NEXT TO TENNIS COURTS**  
**ALL CAMPERS NEED TO BRING A BAG LUNCH EVERY DAY**



1. Undersigned hereby releases, waives and discharges the City of Alameda, its directors, employees, agents and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.

2. Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of the City of Alameda, its directors, employees, agents and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment or program transportation thereon.

**PHOTO CONSENT:** Undersigned authorizes the City of Alameda to use your (or child's/ward's) photograph in any future educational and/or community informational purposes, (including, but not limited to the website, Activity Guide or social media) produced by the City of Alameda.

☐ Check here if you do not give photographic consent.

**CONSENT TO TREAT:** I hereby give my consent for the City of Alameda staff to take me (or my child/ward) to the appropriate medical services and give appropriate medical authorization in the event that I cannot be immediately contacted. It is understood that the cost thereof will be at my expense.

☐ Check here if I do not consent to treat and I request that medical or surgical services be withheld.

*Undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement has been made.*

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TOTAL ENCLOSED: \$ \_\_\_\_\_ CASH CHECK # \_\_\_\_\_ DISCOVER/MASTERCARD/VISA \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXP DATE \_\_\_\_\_